

## AFFIDAVIT OF SURVIVING SPOUSE

County of Maricopa                    )  
  )ss  
City of Surprise                        )

The undersigned, being first duly sworn, deposes and says that:

1. My name is \_\_\_\_\_.
2. I am the surviving spouse, or authorized representative of the surviving spouse, of \_\_\_\_\_, who died on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
3. No personal representative has been appointed for the decedent's estate in this state or elsewhere and no application for such appointment is pending in this state or elsewhere.
4. This affidavit is made in support of the undersigned's request to facilitate payment of wages pursuant to Ariz. Rev. Stat. §14-3971.
5. Payment of wages is being requested in the form of a check.

The foregoing is the truth to the best of my knowledge, information and belief.

Dated at this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Sworn and subscribed before me, on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.